

TRAVEL EXPENSE CLAIM

STD 262-A 6-93

CLAIMANT'S NAME STEPHEN M. HARDY			SOCIAL SECURITY NUMBER* ON-FILE			DEPARTMENT Alcoholic Beverage Control		
POSITION DIRECTOR		CB/ID NUMBER	DIVISION OR BUREAU HEADQUARTERS				INDEX NUMBER 5000	
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS (DISTRICT OFFICE) 3927 LENNANE DRIVE				TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
	CA		SACRAMENTO	CA	95834			

(1) MONTH/YEAR APR. 09	(2) DATE	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				BREAK-FAST	LUNCH	O.T., L.T. N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
	04/07	VACAVILLE TO SAN FRANCISCO	161.95			18.00	6.00			10.00		0.00	195.95
	04/08	SAN FRANCISCO TO SACTO	161.95	6.00		18.00	6.00			10.00		0.00	201.95
	04/09	SAN FRANCISCO TO SACTO		6.00								0.00	6.00
	04/14	SACTO TO LOS ANGELES & RTN.		6.00						15.00		0.00	21.00
	04/15	SACTO								8.75		0.00	8.75
	04/16	SACTO								7.50		0.00	7.50
	04/18	SACTO								14.00		0.00	14.00
	04/23	SACTO								5.25		0.00	5.25
MAY												0.00	0.00
	05/12	SACTO TO CERRITOS AND RTN.		6.00						15.00		0.00	21.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
(10) SUBTOTALS			323.90	24.00	0.00	36.00	12.00	0.00		85.50	0	0.00	481.40
CLAIM TOTAL											\$481.40		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

4/7-9/09-Attended OTS Summit; 4/14/09-Radio Interview; 4/15/09-Director's Mtg. @BTH; 4/16/09-CALTRANS Memorial Service at the Capitol; 04/18/09-Attended MADD Awards; 04/23/09-Meeting with Undersecretary BTH; 05/12/09-Southern Division Staff Meeting.

(12) NORMAL WORK HOURS	INDEX	OBJ	AO	PCA	AMOUNT	INDEX	OBJ	AO	PCA	AMOUNT	SUB TOTALS
0800-1700											0.00
(13) PRIVATE VEHICLE LICENSE No.											0.00
(14) MILEAGE RATE CLAIMED											0.00
0.550											0.00
AGENCY ACCOUNTING OFFICE USE ONLY											0.00
PAID BY REV. FUND CHECK No.											0.00
TOTALS						TOTALS					0.00

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
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(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)	DATE
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